VOLUNTEER APPLICATION

CITY OF CHULA VISTA
276 Fourth Avenue
Chula Vista, CA 91910
Phone: (619) 691-5096, Fax: (619) 409-5915
bbennett@ci.chula-vista.ca.us

TODAY'S DATE: _____

PERSONAL INFORMATION

Name: _____
(Last)   (First)   (Middle)

Mailing Address: _____   Primary Phone: _____
(Street and Number)

_____   Alternate Phone: _____
(City)   (State)   (Zip)

Email Address: _____

Person to call in an emergency: _____   Phone Number: _____

How did you hear about volunteer opportunities at the City of Chula Vista:

❏ Friend
❏ School Requirement

❏ City of Chula Vista Spotlight
❏ Association with the program

❏ City of Chula Vista Website
❏ Other _____

EDUCATION AND SKILLS

Do you need community service hours for: (check if applicable) ❏ High School ❏ College	List any special training, education, skills or hobbies that help us to better place you as a volunteer.	Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.

WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:		Reason for Leaving:

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Dates: FROM: TO:		Reason for Leaving:

Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:		Reason for Leaving:

Have you ever been discharged or forced to resign from any position?	❏ Yes ❏ No	Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. Exclude traffic violations under $150 and convictions more than two years old for violation of Health and Safety Codes §11357 (b) or (c), §11360 (b), §11364, §11365 and §11550 as related to marijuana. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration. (If Yes – Explain under Remarks)	❏ Yes ❏ No	Has your driver's license ever been suspended or revoked?	❏ Yes ❏ No

Remarks (attach additional sheets if necessary):_____

_____

Form HR-100 (Rev. 07/07)

VOLUNTEER INFORMATION

PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:
All potential volunteers 18 years of age and older are subject to a criminal background check

- ❑ **Animal Care Facility**

- ❑ **Planning and Building**

- ❑ **Fire Department**
  - ❑ Community Emergency Response Teams (CERT)
  - ❑ Citizens Adversity Support Team (CAST)
  - ❑ Explorer Program
  - ❑ Office Support

- ❑ **Library**
  - ❑ Adult/Youth Literacy
  - ❑ After School Program
  - ❑ Children's Services
  - ❑ Clerical Tasks/Filing/Shelving
  - ❑ Computer Aide
  - ❑ Delivery of books to the homebound

- ❑ **Nature Center**
  - ❑ Aquarium Crew
  - ❑ Bird Walk Leaders
  - ❑ Bird Crew
  - ❑ Clapper Rail Observer
  - ❑ Docent
  - ❑ Gift Shop/Admissions

- ❑ **Police Department**
  - ❑ Explorer Program
  - ❑ Mounted Police (Must have own horse)

- ❑ **Recreation Department**
  - ❑ Aquatics
  - ❑ Community Advisor
  - ❑ Computer Center for Seniors
  - ❑ Office/Clerical/Photography

- ❑ **Other** _____

- ❑ **Other** _____

- ❑ **Other** _____

- ❑ Graphics/Art Projects
- ❑ Greeters
- ❑ Internet Assistant
- ❑ Museum Docent
- ❑ Special Projects
- ❑ Summer Reading Program

- ❑ Greenhouse/Gardeners
- ❑ Maintenance Crew
- ❑ Nature Craft Assistant
- ❑ Office Assistant
- ❑ Shark & Ray Monitor

- ❑ Police Reserve
- ❑ Police Support
- ❑ Senior Volunteer Patrol (SVP)

- ❑ Program Assistance/Development
- ❑ Senior Center
- ❑ Special Events
- ❑ Sports/Coaching/Scorekeeping
- ❑ Therapeutic Programs/Inclusive Aide

Please list any physical limitations that need to be accommodated to help you volunteer.

Please state what days and times you are available to volunteer.

DAY:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME:							

I understand that, as a volunteer, I am representing the City of Chula Vista and will adhere to the guidelines set forth by the program. I acknowledge that the City of Chula Vista does not take court referred volunteers.

Signature _____ Date _____

If you are under 18 years of age, a parent/guardian must sign. (You must be 15-1/2 years old to volunteer)

I give permission to my child to volunteer for the City of Chula Vista.

Parent / Guardian
Signature _____ Date _____